DOCUMENT RESUME

ED 323 738 EC 232 170

AUTHOR Krutilla, Jennifer O.; Benson, Denzel E.
TITLE The Reflected-Self Identity of Learning Disabled Adolescents: Perceptions of "I Am" Using Symbolic Interaction Theory.
PUB DATE Feb 90
NOTE 43p.; Paper presented at the International Conference of the Learning Disabilities Association (Anaheim, CA, February 21-24, 1990).
PUB TYPE Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; Environmental Influences; *Identification (Psychology); Interaction; *Labeling (of Persons); *Learning Disabilities; Secondary Education; *Self Concept; Self Esteem; *Social Influences; *Student Reaction
IDENTIFIERS *Symbolic Interaction

ABSTRACT

This study used symbolic interaction theory to address the following question: what is the self-identity, or perceived "I am," held by adolescents with learning disabilities (LD) in the public school environment? According to symbolic interaction theory, experiencing the label and role of specific learning disability would reflect the influence of significant others in the environment (peers, teachers/administrators, and sometimes parents) as they socially interact with the LD adolescent and signify an identity as a member of the LD group. A qualitative-ethnographic research design was used to study 15 specific learning-disabled adolescents in the natural setting of their public school environment. Data formats included a self-report, nonstructured interviews, and participant and nonparticipant observation. The research demonstrated that many LD youth have been devalued and belittled by significant others, producing perceptions of "I am" which are clearly negative and indicative of low self-esteem. Includes 70 references. (JDD)

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ED323738

The Reflected-Self Identity of Learning Disabled Adolescents: Perceptions of "I Am" Using Symbolic Interaction Theory

RUNNING HEAD. LD: Reflected-Self Identity

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The authors wish to thank the research contributions of Diana Lindeman of the Kenston Local School District, Chagrin Falls, Ohio.

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IDENTIFICATION

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ABSTRACT

Combining special education constructs and the sociological theory, Symbolic Interactionism, fifteen adolescents, who had been diagnosed and labeled specific learning disabled, were studied in the natural setting of their public school environment. A qualitative-ethnographic research design captured and illuminated the eleptical reflections of the significant others (teachers, administrators, peers, parents) as the sample adopted views of themselves that represented a composite of the evaluations they perceived of themselves through "reading" the language and behavior, both verbal and symbolic, which became their "I am."

The Reflected-Self Identity of Learning Disabled Adolescents: Perceptions of "I Am" Using Symbolic Interaction Theory

REVIEW OF LITERATURE

The Learning Disabled and Social Skills

Current research suggests that LD children are less well liked and more likely to be disliked by others as compared with their nonhandicapped peers (Bruinicks, 1978a and 1987b; Bryan and Bryan, 1981; Garrett and Crump, 1980; Gresham and Reschly, 1986; MacMillan and Morrison, 1980; Morrison, 1981; Morrison et al., 1983; Scranton and Ryckman, 1979; and Siperstein et al., 1978). Other research finds that learning disabled students exhibit increased levels of anxiety, withdrawal, depression, and low self-esteem (Cullinan et al., 1981; Kasen, 1972; and Rosenthal, 1973).

One reason for these findings may be that LD students have varying levels of deficiency in social skills. Such skills are important for adjusting to the vicissitudes of life and help to lay the foundation for positive self-regard. For example, Mercer (1987) observes that: "Social problems have been noted in learning disabled youths,"and Kirk and Chalfant (1984); Warner et al. (1980) note that LD students have difficulty in the academic realm.

Schumaker and Hazel (1984) note that social skills have been defined as cognitive functions that include verbal and nonverbal statements or overt nonverbal responses. Gresham (1986) defines social skills as specific

behaviors that an individual exhibits to perform competently on a task. Social competency, a value based construct, is the product of social skill behavior which is generally defined to have social validity (Gresham, 1986; Wolf, 1978). While not all studies find that LD youths exhibit social skill deficits (e.g., Bruck, 1986), most do. In their studies of learning disabled and nonlearning disabled groups, Shumacher and Hazel (1984) found a higher incidence of social skill deficits related to social competence in the LD group. Additionally, Schumacker, Deshler, Alley, and Warner (1983) indicate the following to be characteristics of learning disabled adolescents: 1) an academic plateau at the fifth or sixth grade for reading and math; 2) deficiencies in study skills; 3) immature problem solving; 4) poor social skills; and 5) public school expectation for complex academic skills.

Origins of social skills deficiencies

As compared with "typical" adolescents receiving a regular education, many LD adolescents cannot conceal the behavioral distinctions that typify their "hidden handicap." Visible symbols which may convey their nonnormative student role behaviors can include the following: poor impulse control, inability to delay gratification, poor judgment and planning, diminished verbal ability, difficulty in expression and listening, more anxiety than peers or siblings, inability for self-organization, difficulty in new situations, being perceived as socially unacceptable to others, difficulty in accepting responsibility, hyperactivity, disruptiveness, withdrawal, and diminished cooperation (Johnson and Myklebust, 1967; Mercer, 1987, Morse, 1980; and Silver, 1987).

Even though not officially sanctioned, such characteristics and behaviors can and do become the basis of categorization. Those youths not displaying such characteristics are defined, however subtly, as "normal;" other adolescents exhibiting behavioral distinctions are noted to be "abnormal." These definitions, "normal and abnormal," are reflected in the symbols and words that people use in everyday speech. Very often the speaker is unaware how the receiver will interpret the meaning of such terms and symbols. Frequently such symbols are enmeshed in systems of nonverbal communication.

The language of behavior is extremely intricate and complex. Nonverbal communication systems are woven into the fabric of everyday interaction (Goffman, 1963). Through nonverbal communication, members of a group become aware of what type of person one is, how the person feels about others, how the person will work into or fit into a group, whether the person is assured or anxious, and the degree to which the person feels comfortable with the standards of the group (Hall and Hall, 1980). A prominent behavioral researcher, Albert Merabian (1972), notes that nonverbal channels are likely to be chosen for at least three things: the degree to which the other person is disliked or liked; the amount of attention others wish to give to the person; and how much dominance or submissiveness others feel toward the person. Thus, the signals from others concerning what their behavior means is very likely to be reflected in nonverbal communication to that person.

Possibly the offending characteristics that may be inherent in the learning disability can impede social interaction (Elliott, Zeigler, Altman, and Scott, 1982). "Revulsion, embarrassment, and upset can cause

disruption in the significant others' abilities to react in an unbiased manner" (Friedson, 1965, p. 236). Potential consequences to LD adolescents may include nonverbal rejection, inferior treatment, and little positive attention given by the peer group. This is especially likely to be true during the period of adolescence, a time that age-graded peer group affiliation is very important. The self-definitional and reflected-self processes operating in adolescent peer groups can have a potent impact on the development and stabilization of the self-concept and associated academic achievement (Elliott, 1984, 1986; Schumuck and Schumuck, 1975).

Public schools act as agents of social control confirming labels by means of specific diagnostic criteria that apply labels for a special education. Such a process may inadvertently contribute to, and, in some instances, create a sense of legitimacy for the symbols that may lead the LD adolescents to think of themselves in negative terms. Hanks and Popplin (1981) and Hobbs (1975) indicate that a social role is legitimatized by personnel from the medical, public school, rehabilitation, and social service domains, thus conferring a different but legitimate status on learning disabled adolescents and others classified for a separate, nonnormative education.

Consequently, through the use of verbal and nonverbal symbols, and the often inadvertent consequences of institutional labeling, the LD adolescents may feel degraded and de-valued. Such devaluation may contribute to or be the result of deficiencies in social skills. Whatever the

precise relationship, the connection between self-concept derogation and lack of social skills is an important topic of investigation for children in general and LD adolescents in particular. The specific mechanisms that occur to produce such outcomes can best be explained by a sociological theory known as Symbolic Interactionism.

Symbolic Interactionism and a Reflected-Self Identity

In the discipline of sociology, what has come to be known as Symbolic Interaction Theory developed from the early work of C. H. Cooley (1902) and G. H. Mead (1934). Blumer (1972), who coined the term "symbolic interaction," argues that the theory rests on three pragmatic assumptions: 1) human beings initiate activity with physical objects, other human beings, categories of human beings, institutions, and abstract concepts; 2) meaning is entirely derived from the social interaction one has with others; and 3) meanings are created, modified, stabilized or dismantled as people interact with one another and their common environment.

Through a specific application of this general process, components of self evolve from encounters with others that are either the result of the position of the actors in the social structure, or spontaneous, relatively unstructured encounters with others (Stryker, 1980; Stryker and Statham, 1985). In the quest for a sense of "Who am I?," people become keenly attuned to how they think others (especially other people who are important to them) see them. This produces an almost endless elliptical process resulting in the production of a sense of self. Cooley (1902)

described this outcome as "The Looking Glass Self," or reflected-self identity.

As conceptualized by many symbolic interactionists (e.g., Burke and Tulley, 1977; Serpe, 1987; Stryker, 1980; Stryker and Statham, 1985), identities are specific constellations of meanings that are believed to be attached to a person. Burke and Reitzes (1981) suggest that identities have three characteristics: 1) they are social products; 2) they are formed in particular situations and organized hierarchically to produce a sense of self; and 3) they are symbolic and reflective in character. Felson (1981, p. 76) notes that others' appraisals will be very important when a person's behavior is highly visible to significant others, and when others are perceived to have definitional expertise. Thus, for the LD adolescents, the formation of self-concept is likely to be heavily influenced by significant others, especially parents, peers and teachers, important social situations (e.g., schools), and when the nature of the disability is visually available.

As people develop identities, they also evaluate the worth or "goodness" of those identities. This is the evaluative and affective component of self called "self-esteem." Therefore, if one evaluates oneself as successful, worthy, and good, the person can be said to have higher self-esteem. If one feels they are inadequate, unworthy, and unlovable, the person can be said to have low self-esteem. Much research (see Coopersmith [1967] and Wylie [1974, 1979] for classical illustrations) indicates that self-esteem level influences a wide range of phenomena including, but not limited to, health status, academic achievement,

expectations for the future, affective reactions, and basic styles of social adaptation.

Negative definitions of self often result in feelings of diminished self-worth based upon one's abilities and shortcomings (Lerner and Galambos, 1984). Some learning disabled adolescents cannot integrate emotional information, social perceptions and other ego functions; mastery of symbol systems and cognitive processes such as reasoning, judging, problem solving, acquiring, and organizing are fed and feed into various aspects about identity, potential for relatedness, autonomy, and creativity (Biber, 1961). Therefore, the educational interventions inclusive of remedial adaptations, skill training for tasks and processes, in addition to cognitive and behavioral adaptations, may further segregate learning disabled adolescents from peers and teachers (Bershoff and Veltman, 1979; Bryan, 1974; Hobbs, 1975).

Accordingly, subjective views of "I am" are influenced by the learning disabled adolescents' absorption of symbolic material, verbally and nonverbally displayed to them by significant others. Thus, based on the symbols and labels described above, "I am deficient" may by the phrase used by some LD adolescents to describe their relationship to others in a social milieu. This identity may dominate other identities to the point that it becomes a "master status," precluding all other identities (Becker, 1963). On the other hand, some LD students may regard the LD label as a transitory status and do not incorporate its meaning into their self-identity (Lemert, 1972).

PURPOSE

With research indicating that social problems are attributed to LD students, the investigators used symbolic interaction theory to address the following question: What is the self-identity, or perceived "I am," held by adolescents with learning disabilities in the public school environment? According to symbolic interaction theory, experiencing the label and role, specific learning disability, would, therefore, reflect the influence of significant others in the public school environment (peers, teachers/administrators, and sometimes parents) as they socially interact with the LD adolescent and signify an identity as a member of the LD group.

This study combines the perspectives of sociological theory (Symbolic Interactionism) and special education constructs in the attempt to analyze and understand how adolescents may come to have an identity of "LD" as a result of interaction with significant others in their environment.

METHOD

An ethnographic-qualitative research design was used to investigate fifteen adolescents who were receiving a special education for their educational diagnosis, specific learning disability. This method was chosen so as to maximize the possibility of illuminating and capturing the actual, unfiltered responses of the subjects. Entering the lives of the sample as naturally and completely as possible is the goal of ethnography (Edgerton, 1984). As Patton (1980, p. 45) states: . . ."understanding places emphasis on the human capacity to know and understand others through

sympathetic introspection and reflection from a detailed description and observation."

Naturalistic inquiry, a discovery oriented approach (Guba, 1978), resulted in eclectic data collection methods involving the following forms of inquiry: a self-report, nonstructured interviews, and participant and nonparticipant observation. Following the method of naturalistic inquiry, it was assumed that data from numerous sources would combine to inform a single phenomena--the learning disabled adolescent's reflected-self identity--thus strengthening the credibility of the information (Stainback and Stainback, 1984, 1990).

The Self-Report, a written participant-construct devise, was used to measure two categories, the presence and strength of feeling the sample had about the phenomenon--LD "identity," and to elicit the groups which were classified items in their social worlds (Goetz and LeCompte, 1984). Responses were obtained by directing the sample members to write their answers to the question "What does your learning disability mean to you?" Later, the researchers and peer respondents engaged in conversation to determine the extent to which, as indicated by The Self-Report, the learning disabled adolescents held common beliefs, shared specific constructs, or executed comparable behaviors (Goetz and LeCompte, 1984).

Conversations, a crucial form of data collection, were demonstrated by unstructured interviews which occurred when the LD sample responded informally and in whatever context they happened (Kerlinger, 1963; Goetz and LeCompte, 1984). It was the researchers' intent to learn what the thoughts of the LD sample were which could not be directly

observed (Patton, 1980). Questions were arranged so as to probe, clarify, and expand upon whatever cultural meanings the sample population had learned. Five questions were arranged to gain the following information: What are the positive and negative verbal and nonverbal communications reflected from peers and teachers?

Participant observation engaged researchers directly with the LD adolescents through the use of conversational, (e.g., talking, instruction, eating together) and behavioral methods. Nonparticipant observation engages the researchers in "passive participation at the scene of action without engagement or interaction to any great extent (Spradley, 1980, p. 59). Nonparticipant observation techniques included noninteractive behaviors (sitting on the parameter of the group, table, or back of the classroom). The qualitative description added richness and depth to the naturally occurring phenomenon which was later supported through triangulation with more direct data collection methodologies.

PROCEDURE

Four data collection methodologies were used to gain an indepth understanding of the reflected self-identity of the adolescent with learning disabilities. Daily, for a period of two months, the researchers engaged in interactive and passive behaviors with the sample member students in their respective middle or high school learning environments, a natural setting which enhanced the researchers' understanding and goals of the adolescent with learning disabilities (Bruyn, 1966).

THE SAMPLE AND SETTING

Fifteen adolescents (who had been identified according to the guidelines of Public Law 94-142 as specific learning disabled) composed the sample. The sample members attended two neighboring school districts, which serviced lower-middle to upper-middle SES family groups. Middle school students participated with parental consent. High school students' participation was voluntary, and based upon their interaction with their SLD teacher, one of the researchers. Ten males and five females who ranged in age from eleven to eighteen years composed the sample (see Table 1). The following variables were controlled to insure the homogeneity of the sample: an educational diagnosis, SLD; special education intervention which included being mainstreamed into the regular education setting most of the school day (70-80%); and identification as specific learning disabled during their early elementary school years--thus receiving special education intervention for a period that ranged from four to ten years, depending upon the sample member's grade placement and time of diagnostic labeling. Thus, all sample members had been exposed to their regular education peers almost from the beginning of their academic careers and were not in self-contained educational units where normalized peer group interaction was minimal.

Insert Table 1 about here

RESULTS

There being no specific, directional hypotheses, the constant comparative strategy was utilized in the analysis of data. An understanding emerged by noting patterns, consistencies, and inconsistencies that built a pattern of relationships (Glasser, 1978). An emergent classification system developed from homogeneous and heterogeneous categories which supported the meaningfulness and accuracy of data, therein, according to the salience, credibility, uniqueness, heuristic value, feasibility, special interests, and materiality of the classification schemes.

Self-Report

The Self-Report was administered to the LD adolescents in a group situation with the researchers' explanation: "Sometimes our feelings about who we are come from the messages teachers and students mirror to us." It was typewritten and had the following directive: "Tell how your learning disability makes you feel."

Salient positive categories were reflected in four responses while negatives numbered twenty-six (see Table 3). Categories indicating negative-self feelings included the consequences of being labeled (Bogdan, 1986) including group exclusion, derogatory teacher and student comments (e.g., "I have to put up with people saying I'm LD and don't know as much as them."), and a perceived overall lack of respect for their human dignity; the latter (according to sample members) was the consequence of sharing the public school environment with their peers and

teachers over a long period of time (Friedson, 1965; Hobbs, 1975; Schur, 1971). The subjects perceived themselves not to have the ability to meet academic standards (e.g., "Teachers make fun of LD problems;" "Kids put me down for bad grades."). Such comments reflect a person who does not think well of him/herself, and is related to poor scholastic performance (Burke and Tulley, 1977; Blumer, 1972; Bogdan, 1974, 1986; Charon, 1979; Coopersmith, 1967; Felson, 1981; Goffman, 1963; and Rosenberg, 1965). For some sample members, "learning disability," a socially constructed category (Bogdan, 1986; Liska, 1981), produced feelings inclusive of hurt, rejection, and being out of control/unable to escape (e.g., "My disability is as hopeless as the sexual abuse I went through and makes me feel the same way.").

Insert Table 3 about here

Nonstructured Student Interview

The nonstructured interview had, as its purpose, a predetermined set of questions which asked the sample members to identify the verbal and nonverbal positive and negative communication reflected by their peers and teachers. The face to face interviews were, at times, a consequence of natural "rapping" and, at other times, as an agenda to the already completed Self-Report.

As can be seen in Table 4, positive nonverbal behavior from peers included being listened to, being driven around, a pat on the back for a good job, fighting together with friends to have a subject included, and recognition for athletic ability which prompted peers to choose subject-teacher nonverbal evidenced affirmation for the definition of the normative student role in the situation of the public school, academic achievement. Teacher behaviors included hand shaking for subjects, academic effort/performance, a smile on the teacher's face, paying attention in class which is recognized by the teacher, and receiving extra teaching help.

Teacher behaviors and interactions reflected intense positive or negative feelings to the LD adolescents (e.g., "Teachers don't know what a LD is and call it a 'mind block.' I would like to mind block them;" "It would be great if teachers could walk in our shoes for just a day; I'd donate my LD handicap to the cause;" "I feel good if I'm left alone; a perfect day is when no one bothers me."). The students observed that the label, "learning disabled", was the cause of teacher defamation (Hobbs, 1975), and that their desire to be successful scholars was impeded by their teachers' expectations and perceptions, a form of social control based upon their assumptions about what middle or high school students "should" be like (Bogdan, 1986, Friedson, 1965; Kronick, 1972; Liska, 1981).

The self and others are located in interactional situations (Stryker, 1980); perhaps some LD adolescents sought to validate the salient negative identities reflected by significant others by behaving in ways that were a response to early socialization (stigma, punishment, segregation, and social

control), an alteration to the psychic structure (Lemert, 1972) that produced "My learning disability is as hopeless as the sexual abuse I went through and makes me feel that same way" (Burke and Tully, 1977; Burke and Reitzes, 1981; Coopersmith, 1967; Rosenberg, 1965).

Insert Table 4 about here

Participant and Nonparticipant Behavior Observation

Observation (both participant and nonparticipant) revealed learning disabled adolescents who illustrated both self-acceptance and self-rejection. The reference group of typical peers served to influence the standards of the group (Felson and Reed, 1986). As seen in Table 5, defamation, devaluing, and victimization by peers and/or teachers, suggesting the production of negative reflected-self identities, were behaviors clearly perceived by the LD adolescents. Unlike typical peers, LD adolescents appear to believe that their educational handicap renders them less socially and academically useful and, therefore, discrimination is acceptable (especially if peer and teacher appraisals have been consistently negative over a long period of time). Reciprocal attitudes, behaviors, and verbalizations from peers and teachers serve to intensify a negated self-value as demonstrated in statements indicative of a "master status" ("I am deficient" or "I am learning disabled").

Both verbal and nonverbal behaviors were observed to be salient. Behaviors that were self-negating to LD adolescents were categorized in

subgroups: withdrawal verbally and behaviorally, inability to adjust to academic rigor or class structure, and inappropriate verbalizations and behaviors in the definition of the school situation:

> "B___ stood in the lunch line eating his hotdog. Catsup coated his mouth and chin, but he didn't use a napkin to wipe it away. After a peer used the catsup, B___ squirted it on the floor and pushed it around with his foot."

> "S___ puts his head on the desk and waves his arms in the air. As the class checks assignments, S___ refuses to interact or participate. It is apparent that S___ has fallen asleep; however, he is not disturbed by teachers or peers."

Through social interaction, the sample population has developed a set of attributions and beliefs that will be used to "face the world," including expectations of success or failure, how much effort is needed, whether a task failure will "hurt," and whether varied experiences will cause personal growth. Apprehension of the world as a meaningful, social reality occurs through teachers, peers, and parents who have helped define what life "means" for the LD adolescent. Significant others' definition of what "LD" means is instrumental in forming and shaping what the LD adolescents think about this "status."

Behaviors of peers and teachers that were directed to the LD sample members were coded as to whather or not they were negating to the LD sample member. These included physical exclusion, name calling, victimization (punching in the stomach, tripping, hitting in the head), degradation, verbal abuse, obscene communication ("The group yelled

'gross' and moved away from the LD student."), facial expressions, and gestures. Positive or self-affirming behaviors included interactional rewards (pat on back, hand shaking), group inclusion, favors, facial and body gestures signifying approval, compliments, attention, additional teacher time/assistance ("Mr. _____ is available every morning before school and gives special assistance to LD students while regular education students begin homework.").

Self-affirming behaviors reflected from LD adolescents directed to peers and teachers include procedural classroom behavior (following all rules, doing extra assignments, exercising politeness), and offering favors to peers,

> "J___ reached in his pocket and took out his lunch money, a five dollar bill. The aggressive peer took it to the lunch counter and purchased ice cream bars for his group of friends. J___ sat alone at the cafeteria table, having relinquished his money to the bully. J___ was unable to eat or ask for money from others."

nonbetrayal (telling an authority figure) of friends whose behaviors are hurtful or inappropriate, and pretending not to notice negative gestures or hear words.

Insert Table 5 about here

Limitations of the Study

Research always involves trade-offs and the consequences of decisions made in order to carry out the work. This effort is no exception and, hence, some limitations of this study will be noted.

First, while qualitative research methods are the procedures of choice for obtaining rich, extensive, subject defined data, the results cannot be generalized to other cognate populations due to nonrandom sampling. While the researchers believe that the data reported here do not represent an idiosyncratic sample of LD adolescents, that possibility must be entertained and acknowledged. Future research should attempt to determine to what extent this may be the case.

Second, there is a difference in the mechanism of participation for some subjects as opposed to others. For some subjects, parental consent was obtained. For other sample members, inclusion in the study was simple a consequence of being at the school on a particular day. The researchers do not believe this difference introduced any significant bias in the data, but that possibility must be acknowledged.

Having noted these two limitations, however, the researchers believe that they are not serious limitations on the research and that the data reported, herein, represent an important reality that is actually experienced by a great many LD adolescents.

Discussion and Implications

Symbolic interaction theory predicts that people will adopt a view of themselves that is a composite of the evaluation made of them by people

very significant in their lives. This research has demonstrated that many LD youth have been devalued and belittled by such people producing, for them, perceptions of "I Am" which are clearly negative and indicative of low self-esteem with all of its consequences.

One of the characteristics of many LD youth is a deficit in social skills. Whether this is a cause or a consequence of low self esteem has yet to be determined, but the relationship between the two appears disturbingly high. Being able to interpret verbal language and symbolic behaviors enhances the potential for LD adolescents to adapt and appropriately respond to their peers and teachers. At present, this ability appears to be suppressed by negative evaluations by significant others with a subsequent reduction in the extent to which LD adolescents believe that they can interact successfully with others. Combined with academic shortcomings, LD adolescents reflect many of the prejudices and stereotypes of the larger society. This situation must be addressed and remedies offered if the evidence presented above is to change.

Implications for Educators

1. Research is needed to determine how cognitive events are related to social perception, discrimination, decision making, problem solving, and social awareness for LD adolescents. How does the social performance of LD adolescents suffer as a result of these cognitive activities? To what extent and how do LD adolescents come to see the world differently than their peers?

2. Research is needed to identify common social demands and problematic situations for LD adolescents. Once accomplished, the aspects of these situations that have important symbolic value can be determined so that their impact on LD adolescents can be assessed.

3. Having done this, research is needed to establish the effects of these situations on emotional responsiveness, the most important of which is, "What kind of a person am I?" In turn, how do these emotional responses affect the acquisition of social skills?

4. Once assessed, research is needed to determine how these symbolic constellations can be altered or used to enhance the social skills of LD youth.

5. An age-graded taxonomy of social skills that are necessary for more positive interaction with others should be constructed noting the impact of these skills on the self-identity of LD youth.

6. Observational research should be accomplished that focuses on LD students of all ages who are judged to be socially competent by their peers and teachers. Such research may identify and illuminate the mechanisms by which positive self-regard and good social skills are connected.

7. Focusing on the development of positive self-regard, ways of combining treatment regimens for neurological dysfunction and/or chemical imbalances with social skill training programs need to be explored for those children and adolescents who continue to exhibit social skill deficits after the behavioral excesses have been eliminated through other interventions.

8. Finally, because significant others who provide positive reflections for LD adolescents are especially important, programs that structure opportunities for friendship need to be implemented for those LD students who lack social-emotional skills and positive self-regard.

Table 1

Demographic Characteristics of Adolescent Learning Disabled Sample Members (N=15)

Characteristics	Sample
Males	10
Females	5
Chronological Age[a]	
Eleven	4
Twelve	0
Thirteen	0
Fourteen	2
Fifteen	0
Sixteen	2
Seventeen	6
Eighteen	1
Mean Chronological Age[a]	14.9
Grade of Attendance	
Fifth	3
Sixth	1
Seventh	0
Eighth	2
Ninth	0
Tenth	4
Eleventh	4
Twelfth	1

[a] = In years

Table 2

Nonstructured Interview Questions Addressed Sample Members to Formulate a Phenomenological Gestalt: How Does Your Learning Disability Make You Feel? (N=15)

1. Describe yourself.

2. Tell about your school day - the teachers, students, classes, and activities.

3. How do the positive behaviors you share at school with your peers and teachers make you feel?

4. Describe some of the negative feelings you have when you interact with your peers and teachers.

5. How does your learning disability relate to your total identity as a person?

Table 3

Results of Self-Report: How Does Your Learning Disability Make You Feel? (N=15)

Self-Report for Positive "I Am"	Self-Report for Negative "I Am"
"I am just like my father and will get over it like he did."	"It makes me feel frustrated."
"I'll be all right when I get out of school."	"I'll be a ditch digger all my life."
"When I get a job, I'll feel good."	"Will the words ever settle down on the page?"
"I'm not LD - I just like the attention."	"I'm doing well, but it's all going to fall apart."
	"I'm depressed and hopeless because there isn't anything I can do about it."
	"I can't read that good, and people make me feel embarrassed."
	"I'm an outcast and have no real good friends."
	"I'm thought of as being different because I have a learning disability."
	"Information is so hard to understand."
	"I hate to get up in the morning after so much homework."
	"I don't understand what teachers are saying."

"My papers have a lot of red marks on them, and I don't show them because I am embarrassed."

"I really don't care what they say anymore."

"My learning disability is as hopeless as the sexual abuse I went through and makes me feel the same way."

Table 4

Results of the Nonstructured Interview with Learning Disabled Adolescents (N=15)

Self-Descriptors

"My friends tease me, and I feel small."
"People keep trying to make me something I don't care about."
"I heard my mom say I was a strange looking kid, but she had to make the best of it. Who cares - I don't."
"Kids say I may not be the best, but I am good at it."
"Because I'm good at sports, I get chosen a lot."
"I got good grades and all my parents did was yell about me not having friends. Now I don't even try to get good grades. It takes too much effort, and my folks don't pay off."
"Kids say I'm pretty."

The School Day (Teachers, Students, Classes, Activities)

Teachers (Negative)

"Sometimes teachers stare at you."
"A disciplinary form tells me a teacher's attitude."
"Ignored by a teacher hurts."
"Teachers make fun of LD problems."
"I don't like it when teachers say, 'LDs, line up first.'"
"Being told by a teacher I could have added more makes me fell 'put down.'"
"When they tell me I did something wrong in class, I feel so frustrated and angry."
"Some teachers tell me I'm having a rough day, and that makes me feel more frustrated."
"Teachers don't know what an LD is and call it a mind block. I'd like to mind block them."
"I'd donate my shoes to teachers to let them walk in them just for one day to see what a learning disability is."
"Teachers get 'pissed off' looks on their faces."
"Being left out of discussions by teachers on purpose shows you're dumb and LD."

Teachers (Positive)

"Teachers tell me I have improved."
"I like it when teachers tell me how good I am doing, then I try even harder."
"I like being told I did a good job."
"Feeling praised in class makes me feel good."
"I enjoy being kidded and messed around with; that's special attention."
"Teachers that give special help make me feel good."
"My LD teacher tells me I got a good grade, and I feel proud."
"When a teacher shakes my hand, I feel respected."
"He makes me feel special by what he says, not just like a piece of air."
"When they say 'You did a good job in class,' I feel their praise."
"When they tell me how good I'm doing, I try even harder."
"I feel special when a teacher talks to me and pays attention to me."

Peers (Negative)

"Kids call me names, and I can't do anything about it."
"I have to put up with people saying I am an LD student and don't know as much as them."
"I'm sad because I'm made fun of."
"Peers leave me out."
"I'm ignored sometimes."
"Kids punch me in the stomach."
"I get pushed around and hit in the head."
"I'm being made fun of."
"I'm tripped and pushed in the halls."
"Other kids make fun of learning disabilities."
"People say I'm a 'psycho.'"
"Kids say, 'F___ you, shithead.'"
"Sometimes I'm told, 'You ass; you can't do anything.'"
"Kids call me names, and it's getting worse."
"I don't mind being LD, but people make fun of me."
"Kids call me 'tub of lard' and 'Tubby Butterman!'"
"The people in the gifted program make fun of me."
"My friends fart in my face."

Peers (Positive)

"My friends fight to have me included."
"My friends listen to me."
"My friends let me be part of the activities."
"I get driven around when I need a ride."
"Other kids ask, 'Hey, what's up?'"

Class

"I like it when my friends pat me on the back for a good job."
"At school I like people to keep their eyes still . . . not looking around or past me."
"Everyone yells 'Hurry up' when I take a long time doing a math problem on the board."
"Sometimes when I don't understand something, kids act like I don't belong."
"The kids who sit in front of me are nosey and mean, and they want to find out my grades all the time."
"Kids act like I'm a super idiot."
"People walk away from me when I try to talk to them."
"Kids put me down for bad grades."
"Kids make fun of me, and I feel like an outcast."
"Teachers make fun of me in class, and I feel helpless."
"Teachers yelling and screaming at me is awful."
"When a teacher tells me I'm wrong, I feel so embarrassed and angry."
"A teacher makes me feel low when he makes fun of me in class."
"Other kids say, 'Good work.'"
"Sometimes I get extra help from a teacher."

Activities

"The school elected C___ to Homecoming Court as a big joke. I'm going to tell her so she doesn't think she's any better than the rest of us LD kids."
"J___ told me I did good in football practice."
"When I joined Boy Scouts, half the troop walked out."

Table 5

Summary of Reflected-Self Behaviors to and from Adolescent Learning Disabled Students[a] As They Interact with Their Peers and Teachers

Behaviors from Peers and Teachers That Affirm LD Adolescents

Teacher assistance in class and before school
Students and teachers symbolically (smile, pat on back, handshake) indicating approval for "a job well done"
"Messing around" with the group
Being called upon by teacher
Chosen by peers for academic, sports, activities
Being validated for appearance by students and teachers
Being listened to
Praise for out-of-school activity
Chosen to be a Homecoming Court member

Behaviors from Peers and Teachers That Negate LD Adolescents

Telling LD student to pass a note which the peer reads before passing on
No eye contact or facial gestures of affirmations from peers
Change made in lunch line counted for all students but not those who were LD
Told by teacher "LDs, line up first" and having to respond appropriately
Irritation shown to LD students by teachers
Disciplinary note for LD youth sent to principal for behavior committed by a group
Teacher repeatedly telling entire class "This student (LD) has a 'mind block.'"
Peers victimizing LD students in hall (hitting, pushing, tripping, shoving, slamming body against locker, knocking books to floor, pounding on head, hitting in stomach)
Having assignment taken by peers and shown throughout class
Yelled at by peers because an excessive amount of time was needed for board work

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[a]N=15

"Giving the finger" to LD students
Excluding (walking away, no eye contact, not choosing, sitting/standing away from, whispering about, laughing at) the LD student
Mocking LD students appearance by pulling pants up to mid-chest line while raising voice pitch simultaneously
Cut in front of LD students in cafeteria line
Bullying LD student to relinquish lunch money for student snacks
Threatening to "pulverize" LD student nightly in bus line
Teachers appear surprised when LD students succeed

Self-Preservation and Affirmation Behaviors of LD Students Reflected to Peers and Teachers

Agreement with peers even though don't really agree
Allow peers to "cut" into lines
Turn in a longer than required paper to please teacher
Extremely polite to peers and teachers
Allow peers to borrow supplies
Don't "tell on" peers for infractions of school rules
Quiet in class and follow all rules
Go out of way to pick up peers in car
Offer possessions to peers
Give money away to peers
Be sure popular peer receives "goody" from lunch
Ignore cruel remarks by peers and walk away
Give away news clippings or other class assignments
Offer to pick up messes not even made
Ignore cruel comments by peers and teachers
When tripped, kicked, punched by peers will walk away and ignore
Pretend cutting looks of peers and teachers don't hurt
Cluster with other LD peers
Say going to study hall when really having LD intervention
Won't respond to peers' inquiries of "What did you get?" on a test or assignment
Verbalize that LD doesn't bother them
Hide papers when they are returned

Self-Negating Behaviors of LD Adolescents Reflected to Peers and Teachers

Eating food in lunch line and allowing catsup to spread over face. Taking catsup bottle and squirting it on floor. Taking toe and rubbing catsup on floor

Carrying stacks of books throughout the day for fear of not being able to open combination lock or forgetting all that is needed for six-hour school day

Rolling eyes

Perseverate in speech (same expression or word used repeatedly) or gesture (hit self, pound table)

Make inappropriate sexual gestures to opposite sexed students

Sleeping in class

Refusing to come to teacher's desk to see grades

Never has necessary pens, paper, supplies for class

Doesn't raise hand or participate in class

Have difficulty exiting gym class and entering content area class because overly stimulated

Sit as isolate in lunchroom or class

Giving peers "the finger"

Self-stimulate by head hitting by hands, slapping hands, preservation with desk or supply object

Inattentive and distractible in class

Great difficulty adjusting to structured classes

Inappropriate social skills

Cannot open lockers and have to repeatedly have locks cut off

Ignore peers and teachers by total withdrawal

Blurt out "That's dumb" as a repetitive value judgement

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